

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42580
Registrar's No. 10254

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42580		Registrar's No. 10254			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2089							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis							
c. LENGTH OF STAY (In this place) 6 weeks				d. STREET ADDRESS (If rural, give location) 8850 Lowell Ave.							
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 8850 Lowell Ave.							
3. NAME OF DECEASED (Type or Print) Lillian			a. (First)			b. (Middle) Marks			c. (Last)		
4. DATE OF DEATH November 30, 1950.			5. SEX female			6. COLOR OR RACE white			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2		
8. DATE OF BIRTH Dec. 7, 1894			9. AGE (In years last birthday) 55			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			11. BIRTHPLACE (State or foreign country) East St. Louis, Illinois /		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Sam Hart			13b. MOTHER'S MAIDEN NAME Ida Blase			14. NAME OF HUSBAND OR WIFE deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs. Herbert Borgmann			ADDRESS 8850 Lowell Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERAL CARCINOMATOSIS ORIGINATING IN L. BREAST. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 Years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 170X			
22. I hereby certify that I attended the deceased from 1947, 19, to 11-30, 1950, that I last saw the deceased alive on 11-29, 1950, and that death occurred at 2:40 p. m., from the causes and on the date stated above.											
23a. SIGNATURE H. Klein M.D.				23b. ADDRESS HARRY A. KLEIN, M.D. 5074 N. Union Blvd.				23c. DATE SIGNED 12-1-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 12-4-50.				24c. NAME OF CEMETERY OR CREMATORY Friedland Cemetery			
24d. LOCATION (City, town, or county) St. Louis, Missouri.				24e. LOCATION (City, town, or county) (State)							
DATE RECEIVED BY LOCAL REG. DEC 1 1950				REGISTRAR'S SIGNATURE J. B. Laster				25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. L. Burnley

Licensed Embalmer No. *4252*

P. O. Address *St. Louis Mo*

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.